World Chronicle

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HIV/AIDS

AIDS is a uniquely devastating disease, because of the way in which young adults especially are affected. Ten Years or more has been stripped from life expectancy in the worst-affected countries. Very soon, some of these countries will have many more surviving adults in their sixties and seventies than in their forties or fifties. In this edition of **World Chronicle,** Dr.Peter Piot, Executive Director of UNAIDS, the Joint United Nations Programme on HIV/AIDS, talks about this terrible disease that has already killed 22 million people worldwide.

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ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues.

Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle.**

In June 1981, scientists in the United States reported the first clinical evidence of a disease that would become known as Acquired Immunodeficiency Syndrome or, AIDS. Twenty years later, th AIDS epidemic has spread to every corner of the world. Almost 22 million people have lost their lives to the disease and over 36 million people are today living with HIV, the virus that causes AIDS. Last June, the United Nations General Assembly held a Special Session on HIV/AIDS. Governments worldwide have committed to continue the fight against this deadly disease. What the way ahead?

Our guest today is a recognized expert on the disease. He is Peter Piot, Executive Director of UNAIDS, the Joint United Nations Programme on HIV/AIDS.

Joining me to talk to Dr. Piot are Robert Holloway of *Agence France Presse* and Evelyn Leopold o *Reuters*.

Dr. Piot, welcome to **World Chronicle**.

LITTLEJOHNS: Dr. Piot, everything nowadays comes back to September 11 and the terrible terrorist attack on the United States. I read in an address you delivered in Tokyo, that you related the crisis of international terrorism to the AIDS crisis in a context of global security. I wonder if you would like to expand a little bit on that theme.

PIOT: Well, particularly since the debate in January 2000 in the Securit Council, it has been more and more accepted that AIDS is a threat to security, to human security and global security, and in that sense AIDS is related to all root causes of instability. But making a direct link between terrorism and AIDS is something we don't do. But, when I look at the consequences of the September 11th on the response to AIDS in the world, there is no doubt that that is a major blow. And it illustrates how terrorism has an impact that goes far beyond immediate effect on the victims of terrorism. It is going to have ripple effects. I don't think we don't have a good idea of how far it will go.

LITTLEJOHNS: Are you referring to the impact on fund raising for the campaign against AIDS? The Secretary-General Kofi Annan launched a campaign to raise between seve

and ten billion dollars a year. Now huge amount of money have had to be expended both by the federal government and state governments in the United States in the aftermath of September 11. This is evidently going to reduce the amount of money that is available for programmes like yours. Is this going to be a worldwide problem of diminished cash?

PIOT: Well, I think it is true that we – what we estimated is that the world, low and middle income countries, need about seven to ten billion dollars per year to effectively respond to AIDS. In other words to make sure there are less new infections, and that those who have it, have access to decent treatments. I mean both are equally necessary. And, at the moment, about two billion dollars are being spent in the developing world. So where would the gap come from? From a variety of sources: national governments –I mean if it is something that is a threat to national security, if it is a matter of survival of the nation as it is in many African countries where one in three, even up to 40% of the adult population is infected. I mean then that should have the same priority as defense budgets, and all these countries have an army; that's one thing. But then there's international community, development assistance and international development budgets. And here there is a concern indeed that money that will be used for fighting terrorism has to come from somewhere. And the impression I have is that it is not clear yet whether it will have an impact on AIDS funding. Provisionally I would say there is no indication for that. But what is happening is that, today, talking about anything else but terrorism and fighting terrorism is tough. And in that sense, the attention to AIDS has decreased. And that's not only bad for funding, but also for the fact that people may think, okay, AIDS is gone! It's not there anymore! So it has a double, potentially a double effect: on the funding, and on the awareness among the general public and politicians.

LITTLEJOHNS: So how can you maintain public awareness?

PIOT: Well, here I must say that a few weeks ago, there were several articles drawing attention to the fact that AIDS is now also becoming a problem in Asia. And that gives me also hope that in the midst of major attention to terrorism, fighting terrorism, that there is still place for issue like AIDS. And I am convinced it will come back. AIDS will be there. AIDS has such a strong impact on development, on security; it is one of the biggest problems of the 21st century. But we will need to make an effort and see how can we make sure that AIDS is part of the 'condition humaine', of the daily reality in the most affected

countries and also in the countries where there are resources which should help the coordinations to fight AIDS.

HOLLOWAY: Could you bring us out up to date on the search for a vaccine? I understand that Uganda has signed an agreement with the International AIDS vaccine initiative to start tests on two vaccines quite soon. South Africa is reported to be ready to start to try next year. And Dr. Margaret Johnson of the US National Health Institute says that – told a conference recently that she thought that a vaccine can be marketed within a decade. What are the obstacles to producing a vaccine?

PIOT: The first vaccine, or experimental vaccine was tested in humans in a small trial, in the United States in '86 or '87. So we have already over ten years of research going on, and in the meantime over 30 experimental vaccines have been evaluated, small scale. There are two large-scale trials going on, one in Paris with about 2500 volunteers and one in the US with about 3500 volunteers. Results are expected in two years, three years from now. So there is a search going on. There are more candidates in the pipeline; I think that International AIDS Vaccine Initiative has made a major contribution, but big companies such as Merck, Smith Klein, Black Sodero, they're all now investing far more than a few years ago. A few years ago, I was really worried because all the money in terms of research and development in AIDS went into the development of drugs and medicines. And we've seen the results, I mean there are good effective drugs, but we still don't have a vaccine. And I think that the obstacles are on the one hand, scientific obstacles. We really don't know whether it is possible to have a vaccine to develop when it will protect us. And the only way to find out is to do the trials, live-scale trials, which will take years and years. And realistically spoken, it will take another nearly decade, 10 years, before a vaccine will be widespread available on the market, at an affordable price, I hope, which is another issue. And that's an optimistic scenario...

LITTLEJOHNS: It sounds like a very pessimistic one to me!

PIOT: Well, that's the reality ...it takes five/six years to from the first laboratory tests to finding out on a life scale trial involving 3,5,6 thousand people whether it protects. And unfortunately there are no short cuts. It is just impossible to base your estimates on chimpanzee or monkey experiments. It gives an indication, that's all.

HOLLOWAY: Dr. Johnson said that one of the problems was antibody size. Now, here we're talking the vaccine to prevent the disease. Where do we now stand in our scientific knowledge of the disease? And what is the state of research on drugs to control it once it develops?

PIOT: Yes. First the trials that have occurred with experimental vaccines have shown two things. One is that these candidate-vaccines are safe, it is not unimportant, because once we have a vaccine, millions and millions of people will be inoculated with it, and it has to safe. Secondly, that it induces an immune response. What does that mean? It means that it stimulates the body to produce antibodies of some kind, either so called cellular antibodies, produced by cells, or other antibodies, which can react against the virus. But it is not enough with the currently available vaccines in order to protect fully, we believe. And I think we are – we have come at a point that the only way we are going to make progress is to test the vaccine. The proof of the pudding is in the eating. Again, this is not rocket science, it is doing it. In terms of treatment, we have gone a much longer way. We know today that when you give a cocktail of drugs, at least three drugs to someone who is HIV positive, that that can prevent the development of AIDS. AIDS is the fatal, the final stage of the infection with the virus called HIV. And what we have learned is: one, that you need to give several drugs, because if you need only one then the virus rapidly develops resistance to the products. So the treatment becomes useless. But if you give three, the probability that the virus is resistant to all three is much, much smaller. We have also learned that treatment will be life-long, that it has many side effects, that you have to take it in a very, going to draconian scheme. But all that, I think, is major progress. Let's not forget that 10 years ago there was no treatment what-so -ever. Today people who have HIV, who had AIDS, who thought they were going to die, they are back at work. That has had a new perspective in that mortality has come down. And, we have seen it not only in the United States, or Western Europe, or Australia, but also in a country like Brazil. So I think we have really made some breakthrough there, which is thanks to major investments, but also to the economics and the social movement that associated with AIDS.

LEOPOLD: Before going on to Brazil, which I wanted to ask you another question on, on the current Anthrax scare, do you think the investment in the drug companies,

and the energies, especially the American ones is now going into the antibiotic, needed against Anthrax, or are you still seeing development of the cocktail?

PIOT: Yes, when it comes to a disease like Anthrax, currently available antibiotics including the first antibiotic ever, penicillin, are very effective. So I am sure there will be researched in case there is a multi-resistant strain of Anthrax. You never know. But investments in terms of development of new drugs against HIV are enormous, and it is a very profitable market. We have to look at it as well. It is not only a market for developing countries, it is a market in the rich countries, it is a market that is constantly expanding because people who are on treatment for HIV, they stay alive much longer, so you have, and they need new drugs because of the development of resistance. And the pharmaceutical industry, I think, is there doing a very good job, in terms of discovering new products. The big question is how to make sure that also poor people in poor countries have access to these drugs.

LEOPOLD: But that leads us to the politics of it, and Brazil. Brazil managed to, Brazil is probably the only developing nation that has a massive AIDS treatment programme. Treatment, not just prevention, not just a small experiment. And it did it by combating drug companies, by combating the United States in the World Trade Organization, and through a variety of methods. That doesn't...Now not every country has the resources of Brazil, and among the developing countries. But enough do have local clinics, and if Brazil could make people in the jungle and in the slums, take pills 20 times a day, many other countries can too. What is the... Going to South Africa, what is the major problem of not duplicating Brazil?

LITTLEJOHNS: Mr. Piot, before you respond. This is **World Chronicle.** Our guest is Peter Piot, Executive Director of UNAIDS, the Joint United Nations Programme on HIV/AIDS.

PIOT: Well, Evelyn, Brazil has undoubtedly been a pioneer in offering, in the public sector, a treatment to people with HIV. All its citizens have access to that in, at least, in theory. And it didn't come just by accident. It didn't fall out of the sky. It was a result of AIDS activism in Brazil. That's one thing. Secondly, there are a number of other countries that are now following, several, particularly in Latin America, but also in the Caribbean, Barbados is starting now, and in Africa, we have Botswana, where the President has decided to introduce it, it is not there yet, but they are rolling it; Gabon, and Nigeria, they have all decided that they will go for it. In Nigeria first steps have been taken; Gabon has oil,

Botswana has diamonds, so they are not, let's say, typical least, among the least developed and poorest countries in Africa. And I think this is an illustration where – that when we say that political will is the most important factor in response to AIDS, I think access to treatment is part of that, and was an illustration of that. And what you need of course are products that are affordable, so it is a matter of bringing down the price; and we have been working very hard on that. The Secretary-General himself has been engaged in that. We have been working with pharmaceutical companies, but also with the countries in terms of print and protection with generic producers. I think that the only way to get is our multiple approaches. It is not just a matter of patents or generic production, or local production. Each of them can help to solve the problem but then we also need delivery systems. Brazil, even before there was AIDS had a system, with public clinics, public health system that is quite well organized, which is not the case in many African countries. And then the third factor is financing. Even with cheaper drugs, the money has to come from somewhere. And that's why it is so important that not only the governments, like Brazil, are putting money in there, but that for the poorest nations, it will only be possible to offer treatment to the HIV positive citizens if there is money coming from the outside.

LEOPOLD: What's the problem in South Africa, considering 50% of the population does live near a clinic? And why can it not duplicate the Brazilian case?

PIOT: Yes. I would say that in the case of South Africa, what I expect is that the government, the public sector would start roling out a programme to make treatment available. I don't think it is possible to do it overnight for everybody, both for financial reason, but also for, because the health infrastructure in South Africa traditionally was very limited to the major cities and to serve the white minority. So in the rural areas, we have to be realistic. And it is basically a political problem, combined with an economic problem. Now, the government is roling out a programme to prevent mother to child transmission of HIV in South Africa. But it is...

LEOPOLD: But that programme, they promised that, you know, a year ago. Is it roled out now?

PIOT: Insufficiently. They started in all provinces, and while I think that ,as the UNGASS declaration said, today in terms of the response to AIDS, it is not only about prevention, but also about treatment. And it is not because you can't offer antiretro viral therapy to everybody who needs it today, that that it is an excuse for not starting to

tackle it, and then learn from how to do it, because we don't really know how to do it at a life scale; we learned it from Brazil. But also in Brazil, I visited for example Bahia, in the Northeast, about a year ago, which is among the more, the poorer provinces. There of course you are much worse off as someone with HIV, than when you live in Sao Paulo, where it's... the way AIDS services are organized, I think they are only matched by the most sophisticated centers in the US or in Western Europe. So you have within a country also differences in the qualities, which is not surprising.

HOLLOWAY: South Africa leads on to a question about your methodology. UNAIDS, if my figures are right says that there is 4.7 million current people carrying the infection.

PIOT: Yes.

HOLLOWAY: The South African medical research council says that it is now AIDS that is the leading of death in South Africa.

PIOT: Yes, I fully agree with it.

HOLLOWAY: But the President of South Africa challenges that. He says that the figures are wrong. And he says that homicides and accidents are a more important cause of death. So who is right? How do you get to your figures? And that, what are the implications for that as far as Asia is concerned? You said that Asia was a real worry now? We have official figure from India about 3,5 million infections, but in China a really much, much lower figure. So the figure about how you arrive to your figures is very important when it comes to look at countries like China, and Russia.

PIOT: Yes, we have a standard methodology of figures. We do have a standard methodology to estimate how many people are infected in a country, and that has been used for the last five to six years, so we can compare at least the trends. And what is this methodology? It is to test samples of women who go to anti-natal clinics. In addition, tests are being offered to specifics populations: injecting drug users, men who have sex with men, young people in several circumstances. And based on a quite sophisticated statistical methodology, we come into estimates. When we give a precise figure, scientifically spoken, it is – of course, there is a margin of error. But when I, when we compare that then to the reported figures, there is often a big difference in any country in the world. Not the least because the diagnostic means aren't there, but also because of the stigma. In many countries no one wants to be characterized as being HIV positive or having AIDS. And now coming back to South Africa, the specific case: President Mbeki wrote his letter to the Minister of

Health based on 1995 figures. And in terms of '95, he was probably quite right. But that's six years ago. And one of the features of AIDS is that we still are dealing with an epidemic, and by definition an epidemic is something that goes up. Today there are more cases than last year, than the year before and so on. And the Medical Research Council Report on Mortality is really something that we have looked at and corresponds to what most scientists, epidemiologists believe is right. Now coming to Asia, it is based on the same sampling methodology, more accurate for smaller countries, I must say, than for larger countries, estimating anything that what is going on, on a national scale in China is a challenge, scientifically. But there we can safely say that we are probably close to about 1 million infected individuals in China. What we know though, is that it is a fast growing epidemic, not as fast growing as in Russia, where we had this year and last year, more new cases than in all previous years combined. So what I think is most important are the trends and the absolute numbers, one can say, is it 4.7 or 4.5, ultimately that doesn't matter, but what is important is to see, is there an impact of prevention programmes? We have seen that in Cambodia now, it is new, less new infections than 5 years ago. Of course, Thailand, Uganda, but also in Zambia, in Tanzania, so for me what's very important is to know that success is possible.

LEOPOLD: How much denial is there still around the world? I notice that the UNAIDS conference in June, enormous arguments, particularly from Middle East countries on sex education for adolescents on contraceptives, on peer group education, in other words prostitutes educating other prostitutes. Some of it even supported by the new administration in the United States. Is that having an impact, that conference? Or are you getting over worldwide the denial factor?

PIOT: Denial is one of our biggest obstacles in an effective response to AIDS, far more than the lack of effective drugs or so. And it is due to the fact of course that AIDS is transmitted by sex, it has to do with drugs, I mean in this case, injecting drugs use in some, and that is a difficult issue in all societies. Think about western countries, how long it took before President or Prime Minister could even pronounce the word AIDS in public. So it is not a privilege of a particular group of countries, I have seen it everywhere, unfortunately. And it is particularly strong when it comes to the need for sex education for children in schools; it is a problem and a difficult issue in all societies. I live in France at the moment, and you know there is no good sex education in schools. Our kids went at the schools, it is

just, it is not there. So the denial, the stigma associated with it, is a problem. And for example, in Asia, there were still reports recently to say that Asians don't have the kind of behaviors that are involved in the transmission of AIDS. Now of course that's nonsense. The degree to which these behavior exist in society, they vary, there is no doubt about that, but for me it is one of our top priorities, coming over that denial. That's why it was so important to have that special session, which has had a major impact in many countries because for the first time, politicians, foreign affairs people, were forced to talk about AIDS. Before it was just a matter for the minister of health. And then, you know, that's a medical, technical issue, and it doesn't affect us. But here it is different. And when I see that ASEAN, the Association of South East Asian Nations, is discussing AIDS at its next session summit of heads of government in Brunei, that's a direct consequence of ... yes. So this is progress.

LITTLEJOHNS: Mr. Piot, that's all the time we have. Thank you for being with us on this edition of **World Chronicle.**

Our guest has been Peter Piot, Executive Director of UNAIDS, the Joint United Nations Programme on HIV/AIDS. He was interviewed by Robert Holloway of *Agence France Presse* and Evelyn Leopold of *Reuters*.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **World Chronicle.**

ANNOUNCER: Transcripts of the programme may be obtained free of charge by sending a stamped, self-addressed envelope to **World Chronicle**, United Nations, Room S-827L, New York, N.Y., 10017.

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